

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35526

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2063 Registrar's No. 2517

1. PLACE OF DEATH

a. COUNTY — St, Louis

b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri townships) c. LENGTH OF STAY (In this place) 14 days

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY —

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2029

d. STREET ADDRESS (If rural, give location) 700 North Union 1

3. NAME OF DECEASED

a. (First) Sidney b. (Middle) Elliott c. (Last) Elliott

4. DATE OF DEATH (Month) (Day) (Year) October 16, 1950

5. SEX M 2 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept 5 1896 9. AGE (In years last birthday) 54 10. UNDER 1 YEAR Months 1 11. UNDER 2 HRS. Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Decatur Ala 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Phil Elliott 13b. MOTHER'S MAIDEN NAME Lucy Beck 14. NAME OF HUSBAND OR WIFE Lena Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. unk 17. INFORMANT'S SIGNATURE OR NAME. Address Fed Elliott 1508 Washington Rd, Md

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4+3 X 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1143 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from October 5, 1950, to October 16, 1950, that I last saw the deceased alive on October 12, 1950, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley M.D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 10/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Oct 21, 1950 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem Md 24d. LOCATION (City, town, or county) (State) Harry Dnd

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 10-18-50 Herbert R Danke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home 3100 Easton

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4002

8672

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Arthur L Hilliard

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.